

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1908

Month

15

Day

16

Age

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

D.C.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ernest Allen

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Ruth Sandbury

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Ernest Allen

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Prolapse of  
umbilical cord

How long

Immediate

How long

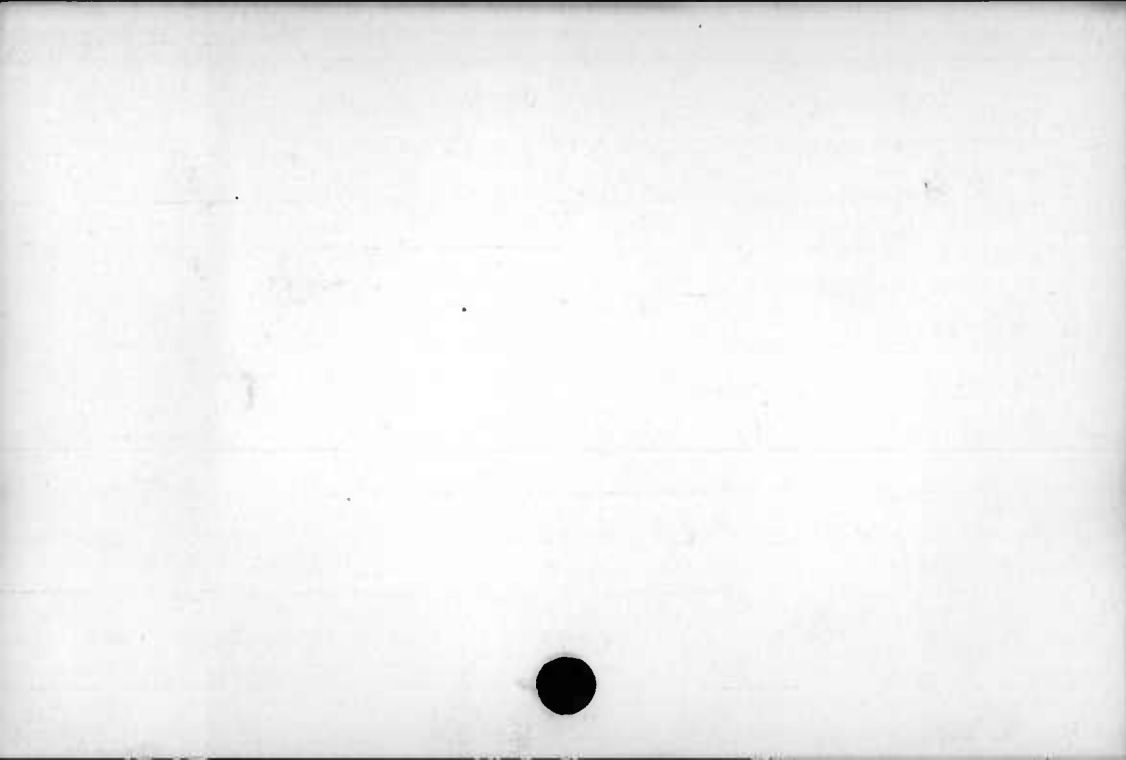
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianO.P. Simpson M.D.  
Roosevelt, Md.

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Malcolm A Bartlett*

Died at *Brentwood* <sup>Town</sup> *Pr. Geo* <sup>County</sup>

MARYLAND

Date of death *1906* <sup>Month</sup> *May* <sup>Day</sup> *25* <sup>Years</sup> *63* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *N Y.*

Occupation *Real Estate Broker* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Jessie Bartlett*

Father's Name *Alonso Bartlett* Father's Birthplace *N Y*

Mother's Maiden Name *Maria Turner* Mother's Birthplace *N Y*

Name of person giving information *Jessie Bartlett* How related to deceased *wife*

## CAUSES OF DEATH

(104)

PHYSICIAN  
OR CORONER

Primary *Acute Indigestion* How long *One week*

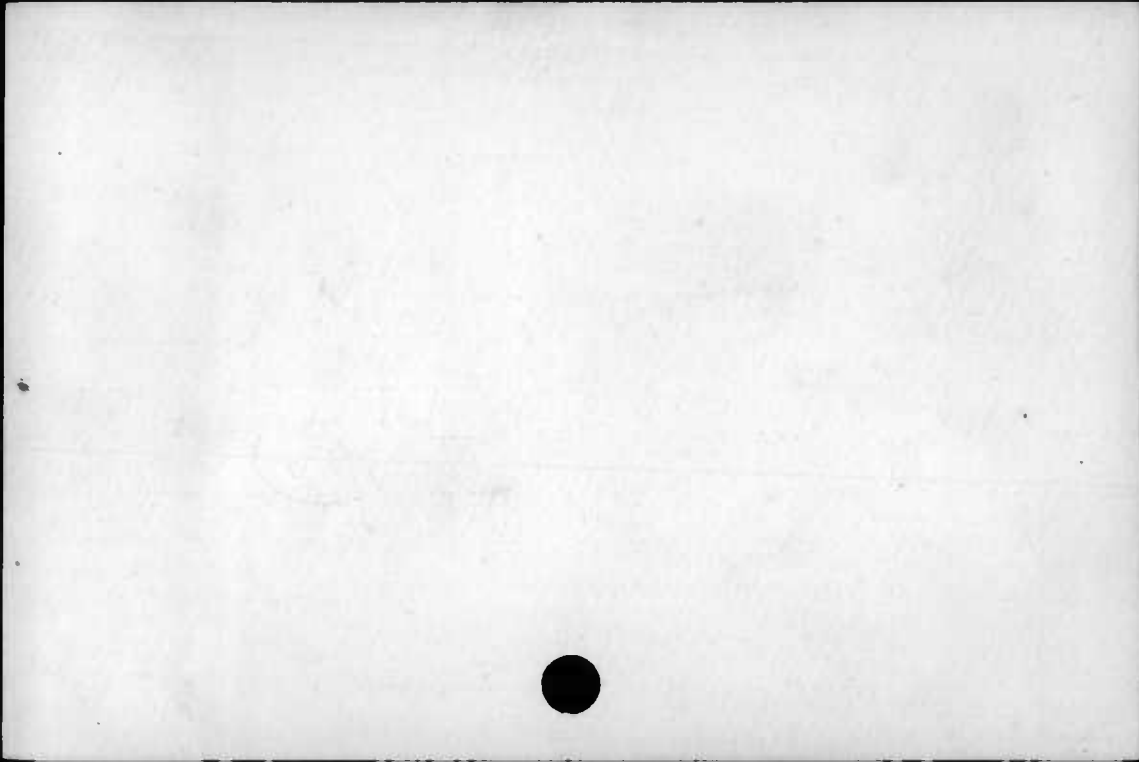
Immediate *Cardiac failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Shos E. Latimer*

Address *Hyattsville Md.*

Accident or Suicide? *—*



Name  
in  
Full

Mrs. Mary A. Beall.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

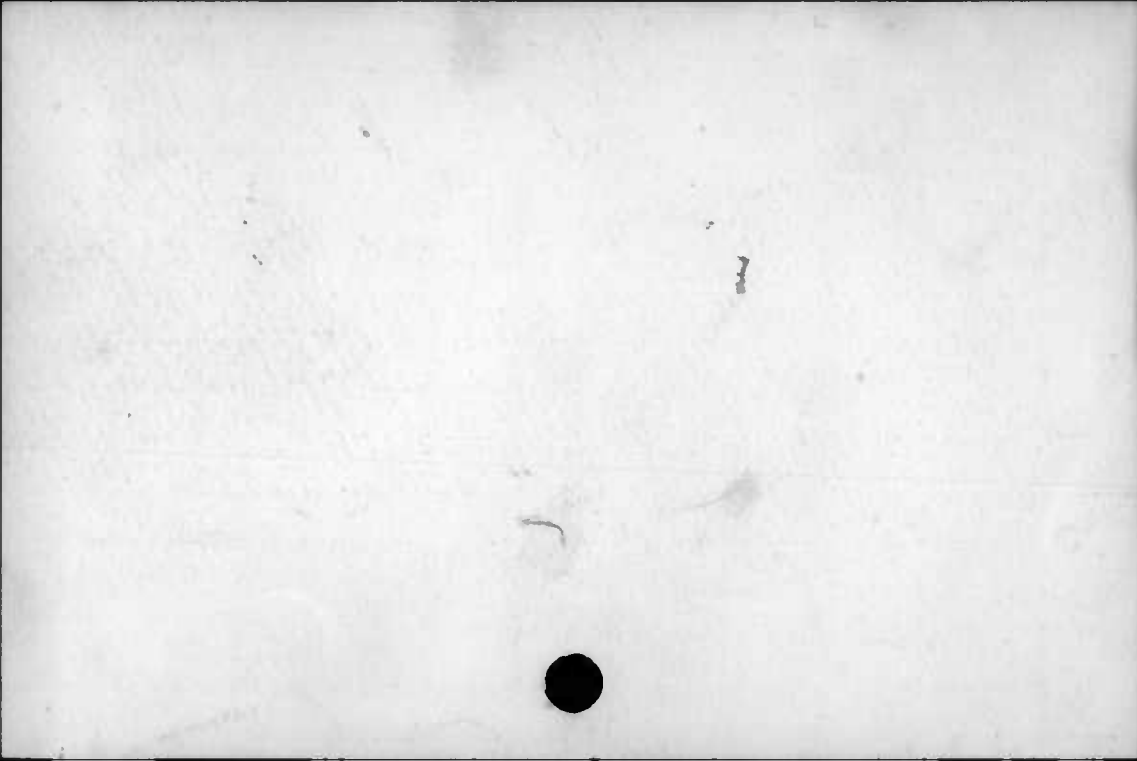
Died at		Town		County			
Laurel		Pr.		Geo			
Date of death	1908	Month	5	Day	12	Age	Years 83
Sex	Female	Color or Race	white	Birth-place	A. A. Co.		
Occupation	—			Where Residing if not at place of death	Laurel Md.		
Married, Single or Widowed	Widowed			Name of Wife or Husband	—		
Father's Name	Crosby Conway			Father's Birthplace	Alab		
Mother's Maiden Name	Nancy Conway			Mother's Birthplace	" " "		
Name of person giving information	E. E. Beall.			How related to deceased	Grandson.		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Trouble	How long	8 Years
Immediate	Heart Failure	How long	Two Weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Cronmiller
		Address	Laurel Md.
Accident or Suicide?			



Name  
in  
Full

George Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bowie</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>30</i>
		Age	<i>1</i>	Years	<i>4</i>
		Months		Days	<i>13</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Minnesota</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Henry Brown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Matha Suhr</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Matha Brown</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Death due to natural*  
*Causes*

Immediate

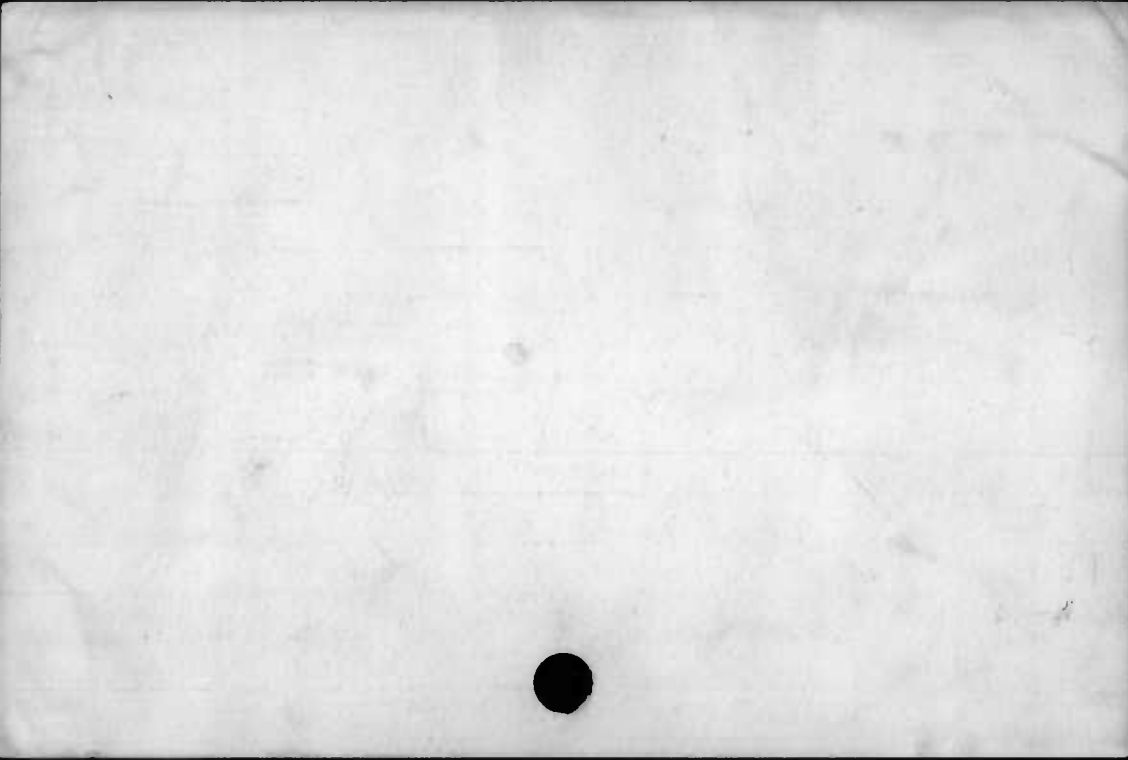
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*W. Lee Mullikin*  
*Adelphi Green*  
*Bowie*

Accident or Suicide?





Name  
in  
Full

*Ida Albertia Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

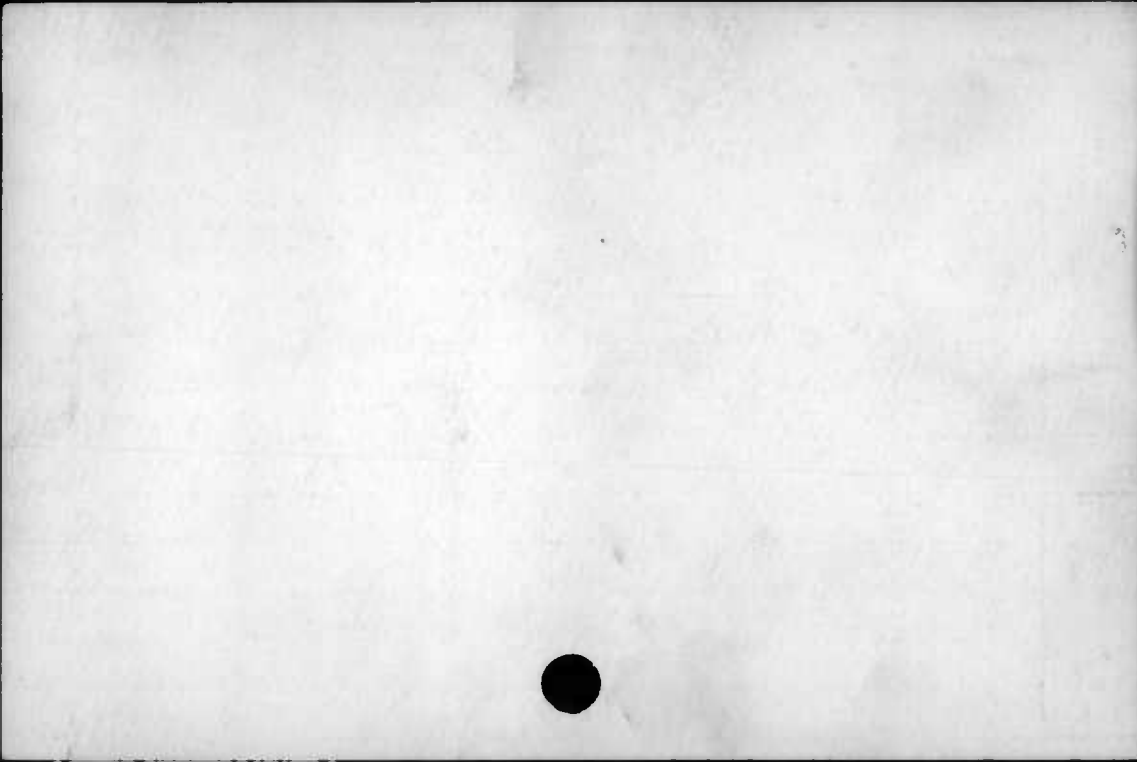
Died at <i>Seabrook</i>		Town <i>Seabrook</i>		County <i>Pri. Geo. Co.</i>		MARYLAND	
Date of death <i>1908 May</i>		Month <i>May</i>		Day <i>16</i>		Age <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Seabrook</i>		Months <i>3</i>	
Occupation <i>none</i>		Where Residing if not at place of death				Days <i>8</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Columbus Brown</i>		Father's Birthplace <i>Upper Marlborough</i>					
Mother's Maiden Name <i>Annie Wesley</i>		Mother's Birthplace <i>Washington</i>					
Name of person giving information <i>J. Frank Brown</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Paratyphoid fever</i>	How long <i>several months</i>
Immediate <i>massive</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. M. O'Neal M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide? <i>No</i>	

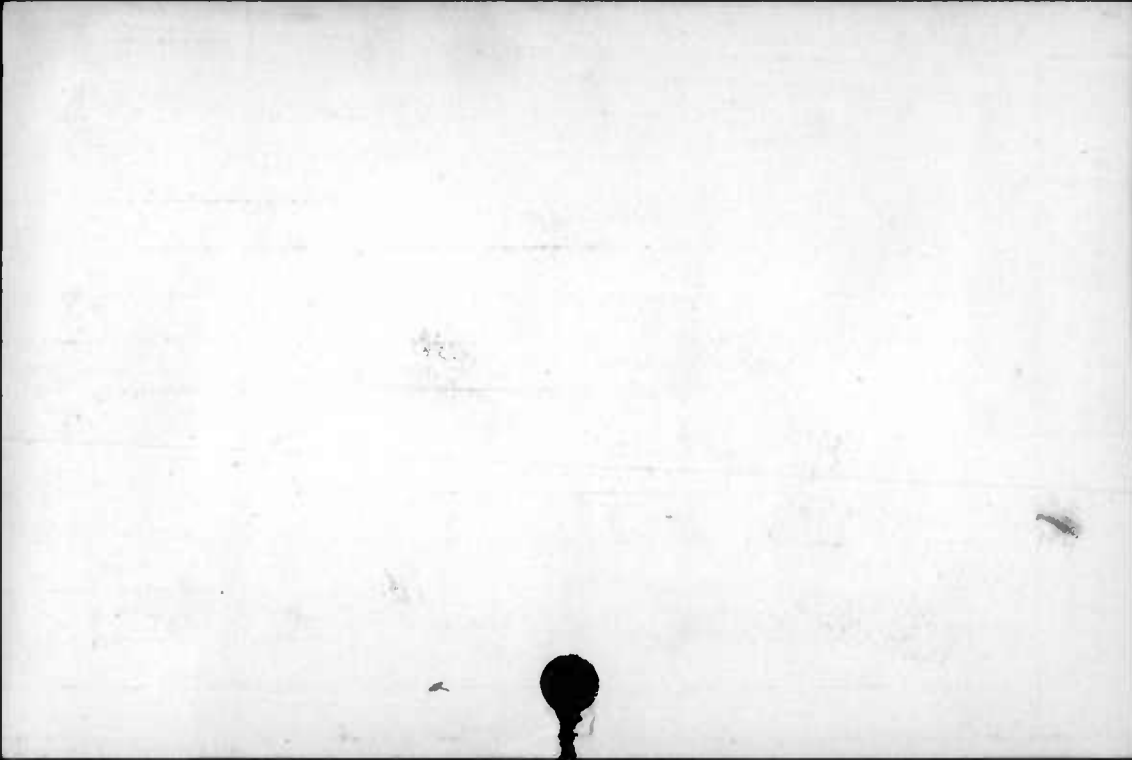


Name in Full		CERTIFICATE OF DEATH			
Sarah Brown		P. G. County			
Died at Clinton		MARYLAND			
Date of death 1908 May 29		Age 17		Months	Days
Sex Female	Color or Race	Birth-place Md			
Occupation Chambermaid		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name J. W. Brown		Father's Birthplace Md			
Mother's Maiden Name Agnes Brown		Mother's Birthplace "			
Name of person giving information Moses Brown		How related to deceased Brother			
		CAUSES OF DEATH			
Primary		Consumption			
Immediate		How long 4 mo			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Waring			
		Address Clinton Md			
Accident or Suicide?					

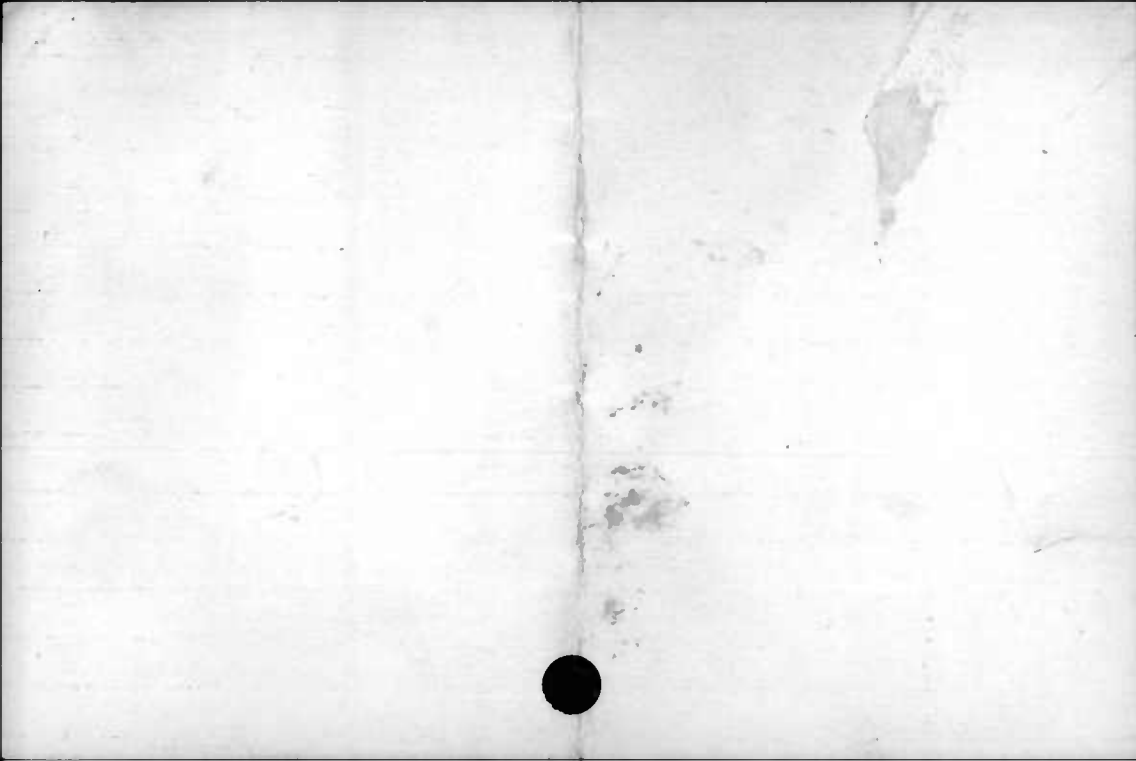
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

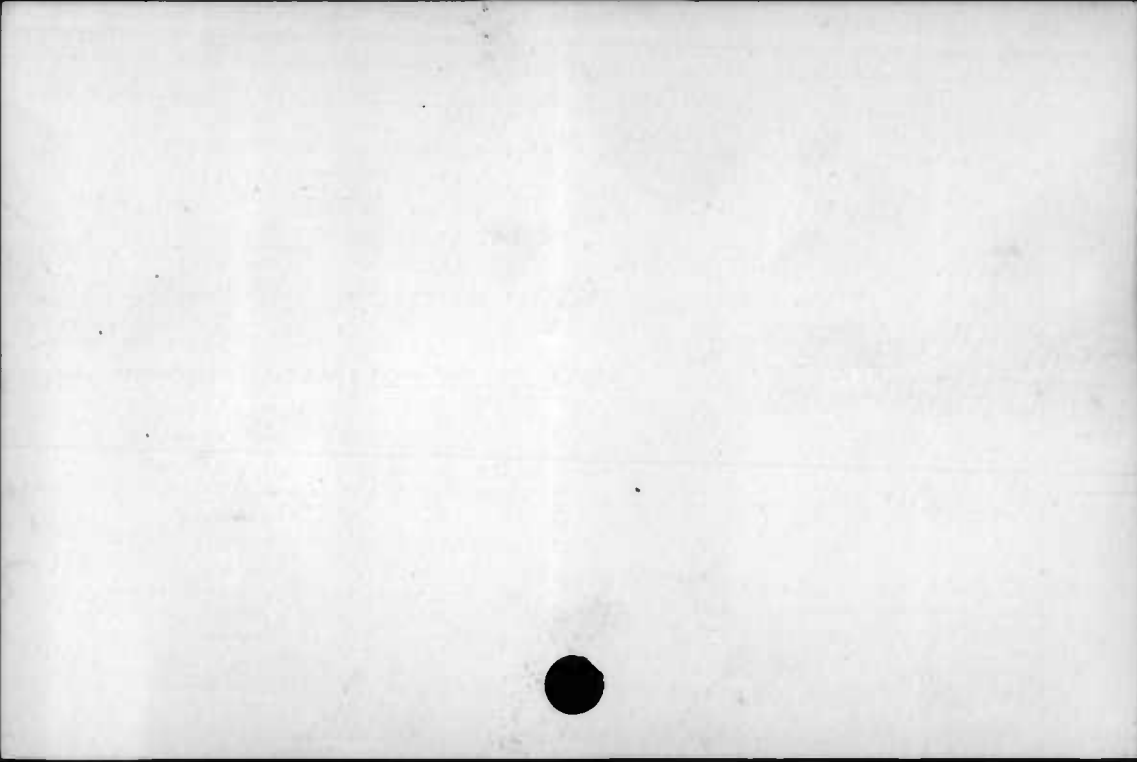
27



Name in Full <input checked="" type="checkbox"/>		Mary Ellen Burkhardt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Branchville</u> Town		County <u>Pr. Geo.</u>		MARYLAND	
		Date of death <u>1908</u> Month <u>May</u> Day <u>23</u>		Age <u>68</u> Years		Months <u>1</u>	Days <u>18</u>
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
		Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Another Lewis H. Burkhardt</u>			
		Father's Name <input checked="" type="checkbox"/> <u>Loushbaugh</u>		Father's Birthplace <input checked="" type="checkbox"/> <u>Charphburg</u>		Mother's Birthplace <input checked="" type="checkbox"/> <u>Ind.</u>	
Mother's Maiden Name <input checked="" type="checkbox"/> <u>Mary H. Loushbaugh</u>		Name of person giving information <u>M. H. Burkhardt</u>		How related to deceased <input checked="" type="checkbox"/> <u>Son</u>			
PHYSICIAN OR CORONER		CAUSES OF DEATH					
		Primary <u>Chronic Endocarditis</u>				How long <u>10 years</u>	
		Immediate <u>Mitral Insufficiency</u>				How long <u>3 weeks</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>A. D. Steiner</u>	
		Address <u>Deroye Md</u>					
		Accident or Suicide? <u>—</u>					



Name in Full <b>Charles Ed Chase</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Lanham</b> <small>Town</small>		<b>Prince George</b> <small>County</small>
	Date of death <b>1908</b> <small>Month</small> <b>May</b> <small>Day</small> <b>2nd</b>		<b>5</b> <small>Years</small> <b>Months</b> <small>Days</small>
	Sex <b>male</b>	Color or Race <b>colored</b>	Birth-place <b>Lanham Md</b>
	Occupation <b>none</b>	Where Residing if not at place of death	
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <b>Wack Chase</b>	Father's Birthplace <b>Maryland</b>	
	Mother's Maiden Name <b>Maggie Washington</b>	Mother's Birthplace <b>Mitchelville Md</b>	
Name of person giving information <b>Maggie Washington</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Natural Causes</b>	How long <b>two days</b>	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Augustus H Dahler J.P.</b>	
	<b>yes</b>	Address <b>Acting Coroner Bladensburg Md</b>	
	Accident or Suicide?		





Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Silver Hill		P. Pr		Geo		MARYLAND	
Date of death	1908	Month	5	Day	31	Age	67
Sex	Male	Color or Race	White	Birth-place	Ky	Months	—
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Dora E. Clifton				Father's Birthplace			
Father's Name				Ky			
Mother's Maiden Name				Mother's Birthplace			
Lurina Wainwright				"			
Name of person giving information				How related to deceased			
Dora E. Clifton				Wife			

## CAUSES OF DEATH

Primary

Paralysis

How long

3 yrs

Immediate

Nephritis

How long

Indefinite

Are the name, age, sex, color, date and place correctly given above?

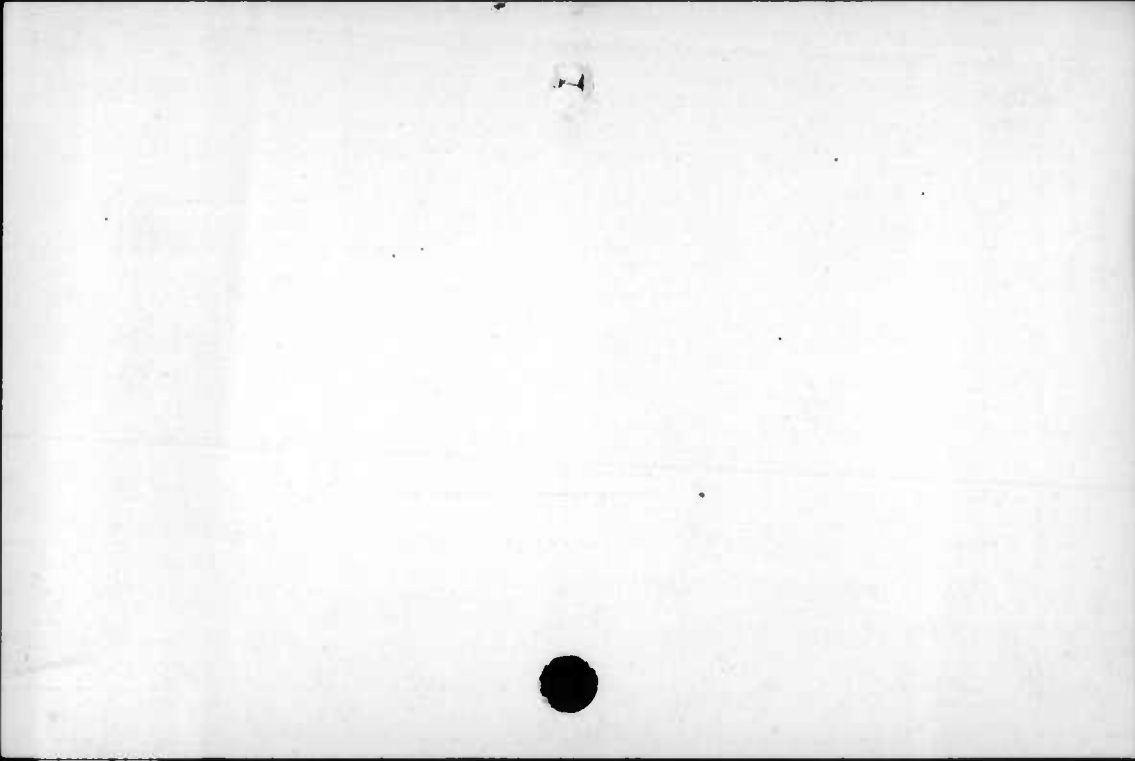
Yes

Signature of Physician

Address

E. P. Simpson  
Hosscott

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Renke John Danekas* Town *Lakeland* County *Pt. Geo*

Died at *Lakeland*

Date of death *1908* Month *May* Day *4* Age *64* Years *11* Months *29* Days

Sex *Male* Color or Race *white* Birth-place *Germany*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Rosa Danekas*

Father's Name *Anthony Danekas* Father's Birthplace *Germany*

Mother's Maiden Name *Annie Tolin* Mother's Birthplace *Germany*

Name of person giving information *Rosa Danekas* How related to deceased *wife*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Hemiplegia* How long *2 1/2 years*

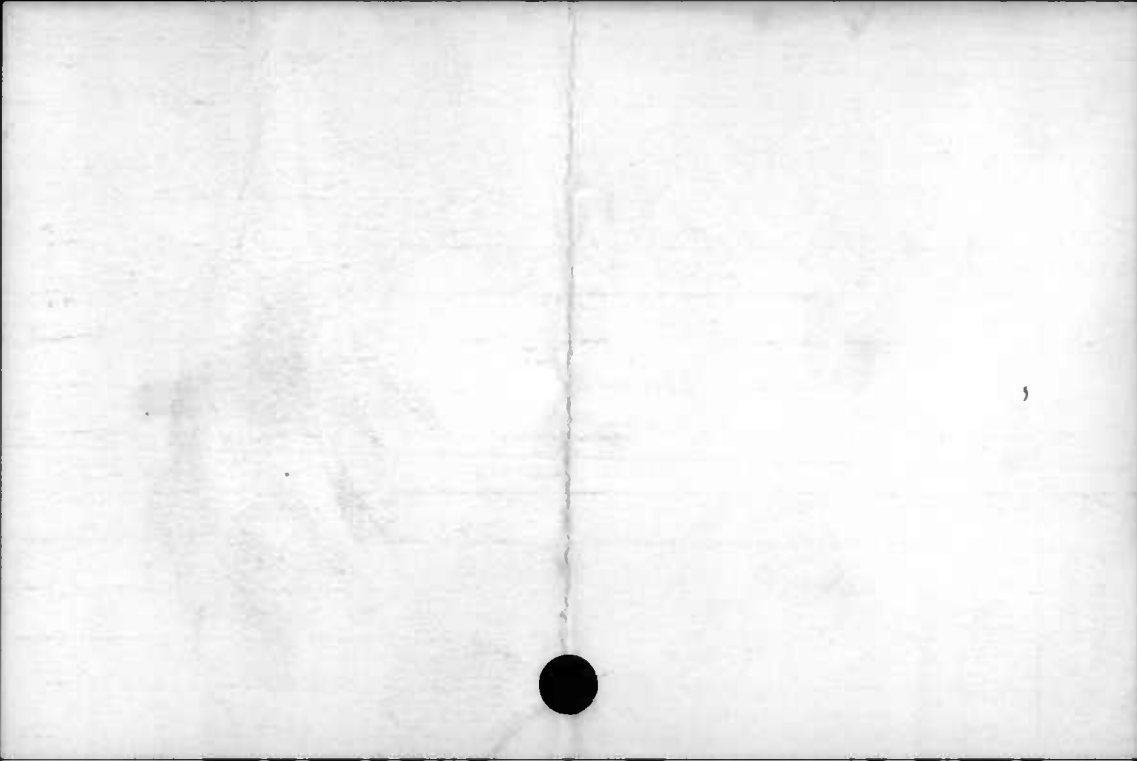
Immediate *Apoplexy* How long *2 1/2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. E. Cheever*

Address *Birdsown Md*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Henry Douglas  
Town Adamsville

Prince George  
County

MARYLAND

Died at  
Date of death 1908 Month May

Day 2

Years 45 or 50  
Age unknown

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

unknown

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Rebecca Douglas

Father's  
Name

Jacob Douglas

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Rebecca Ford

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Joseph Gantt

How related  
to deceased

No relation

CAUSES OF DEATH

120

Primary

Chronic Brights Disease & Cardiac trouble

How long

Don't know

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

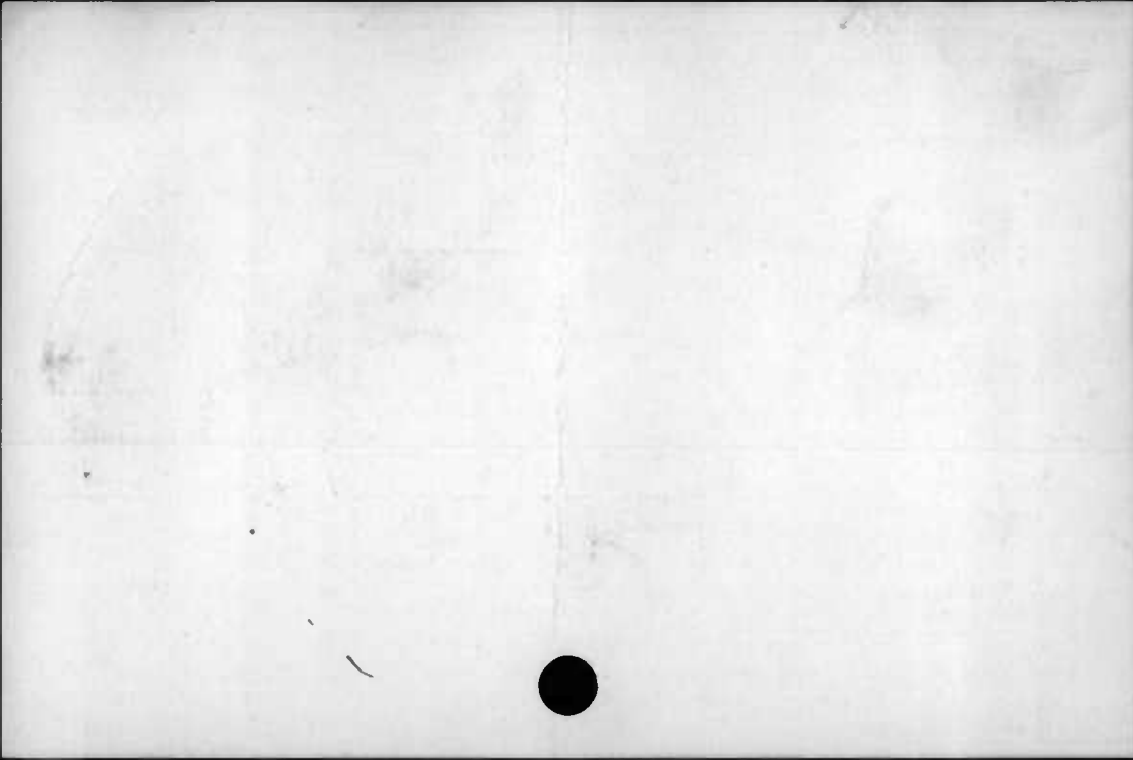
J. D. Chaney M.D.

Address

13 Adams

md.

Accident or Suicide?



Name in Full		Blifford Hall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Brentwood		<sup>County</sup> Prince George		MARYLAND			
	Date of death	1908	Month	May	Day	30 <sup>d</sup>	Age	13
	Sex		male		Color or Race		Colored	
	Occupation		—		Birth-place		D.C.	
	Where Residing if not at place of death		—		—		—	
	Married, Single or Widowed		—		Name of Wife or Husband		—	
	Father's Name		Not known		Father's Birthplace		—	
Mother's Maiden Name		Mary Hall		Mother's Birthplace		D.C.		
Name of person giving information		Isabell Randall		How related to deceased		not related		
		CAUSES OF DEATH		27				
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		—	
	Immediate		—		How long		—	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Augustus H. Dahler	
	Accident or Suicide?		—		Address		Adling Crooner Bladensburg Md	

Enslaved



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *James Edward Hawkins* Town *Oxon Hill* County *Pr Geo*

Died at *Oxon Hill* Pr Geo

Date of death *1908* Month *5* Day *12* Age *1* Years *1* Months *1* Days

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *-*

Married, Single  
or Widowed *X*Name of Wife or  
Husband *-*Father's  
Name *William Hawkins*Father's  
Birthplace *Md.*Mother's  
Maiden Name *Catherine E. Stewart*Mother's  
Birthplace *Md.*Name of person giving  
Information *Wm Hawkins*How related  
to deceased *Father*

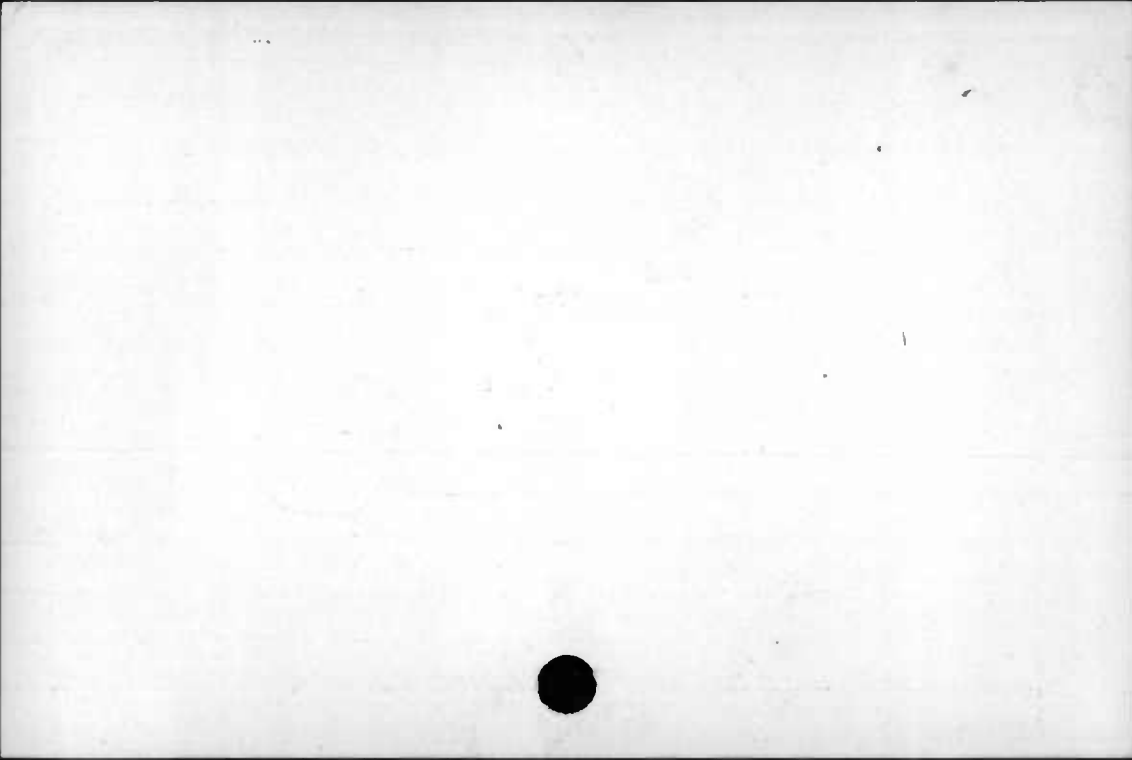
## CAUSES OF DEATH

105

Primary *Gastro Enteritis*How long *2 weeks*Immediate *Emaciation*

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *E. P. Simpson*Address *Roadcroft Md.*Accident or Suicide? *-*



Name  
in  
Full

Thomas H. Heebbron

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ammaale</u> <sup>Town</sup>		<u>Prince Georges</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>4</u>	Years <u>99</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>		Color <u>red</u> Race		Birth-place <u>Montgomery Co</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>at Ammaale</u>			
Married, <u>Single</u> <del>or Widowed</del>		Name of Wife or Husband <u>Miss Lucinda</u>			
Father's Name <u>Don't know</u>		Father's Birthplace <u>red</u>			
Mother's Maiden Name <u>Miss Luciana Crompley</u>		Mother's Birthplace <u>red</u>			
Name of person giving information <u>William Griffith Heebbron</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>From a fall</u>	How long <u>about a month</u>
Immediate <u>Congestion of Brain</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. A. Fox</u>
	Address <u>Bethesda Md</u>
Accident or Suicide?	



Name  
in  
Full

Amanda Ella Howell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

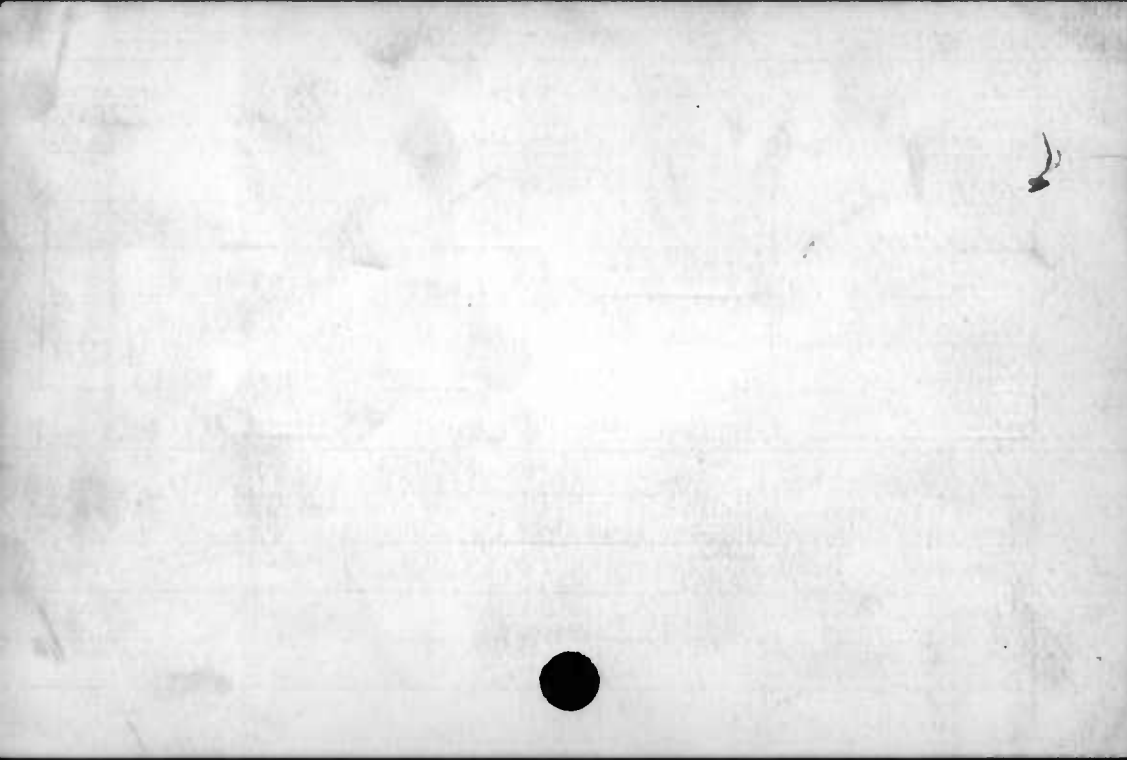
Died at <i>Capitol Heights</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1908.</i>	<i>May</i> <small>Month</small>	<i>8</i> <small>Day</small>	<i>28</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i></i>		
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Sherman Howell</i>				
Father's Name <i>John A. Sanders</i>	Father's Birthplace <i>N. C.</i>				
Mother's Maiden Name <i>Emily W. Wallers</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Sherman Howell</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Oedema and Cardiac Exhaustion</i>	How long <i>About one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. A. Schoonover</i>
	Address <i>Benning D. C.</i>
Accident or Suicide? <i></i>	



Name  
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Full

Kate Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

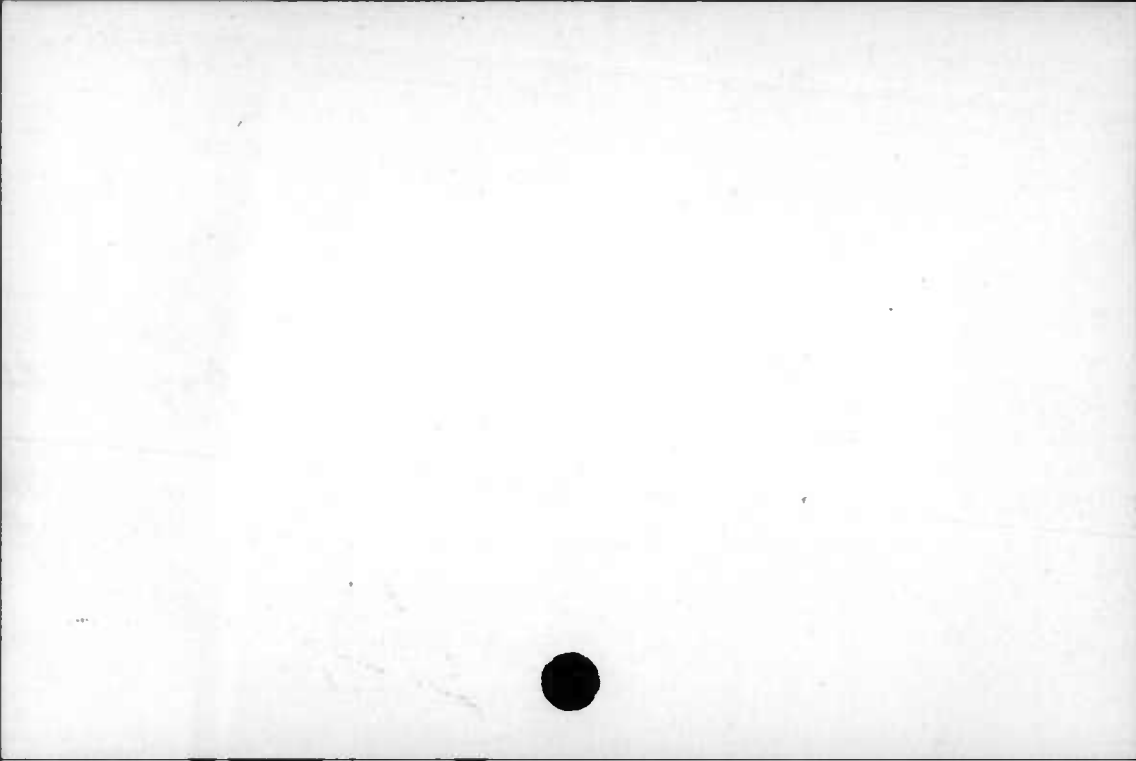
Died at <i>Brandenburg</i>		<i>P. Co.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>1</i>	Years <i>45</i>	Months	Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Whelan Johnson</i>				
Father's Name <i>Peter Selby</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Johnson</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Whelan Johnson</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Heart - disease</i>		How long	<i>several weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John A. Coe</i>		
		Address <i>Z.B.</i>		
Accident or Suicide?		<i>md</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

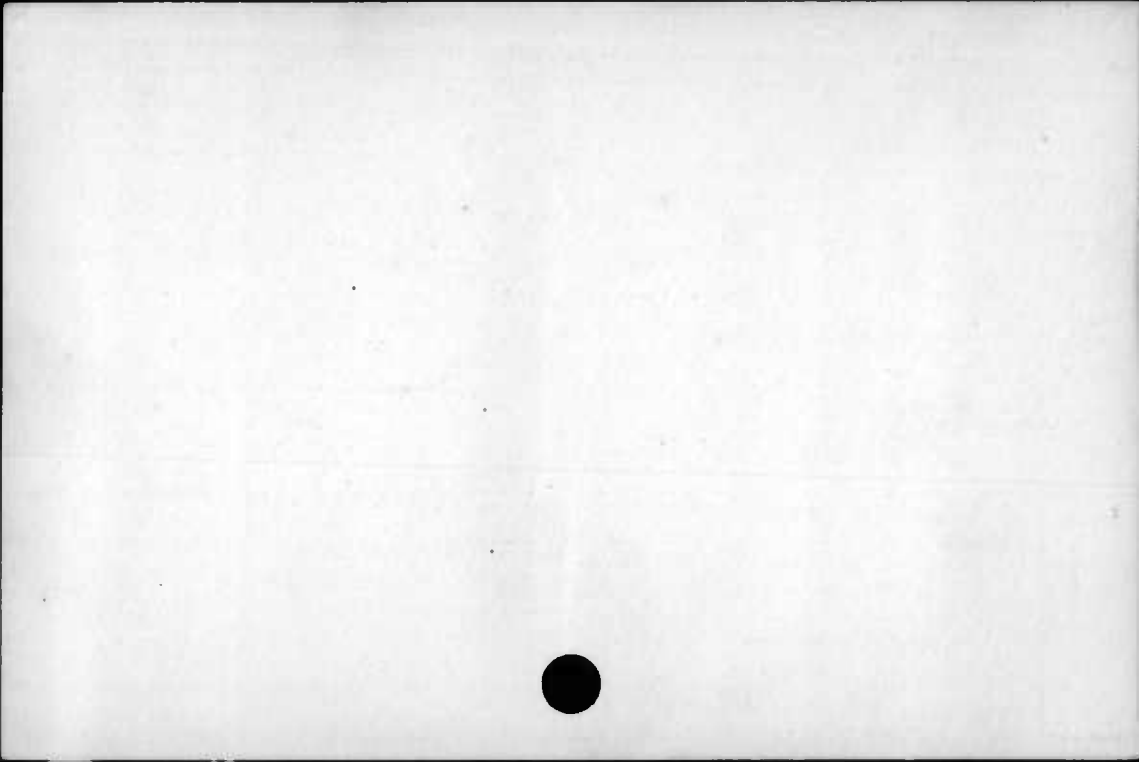
Died at Town <u>Hyattsville</u> County <u>Pa. Geo</u>		MARYLAND			
Date of death 190 <u>8</u> 5 <sup>th</sup> 16	Month	Day	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Pa. Geo Co. Md</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Sister Sara Hedges Joy</u>				
Father's Name <u>Geo Joy</u>	Father's Birthplace <u>Montgomery Co. Md</u>				
Mother's Maiden Name <u>Wilson</u>	Mother's Birthplace <u>Montgomery Co. Md</u>				
Name of person giving In formation <u>Geo Joy</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Cardiac atherosclerosis</u>	How long <u>3 months</u>
Immediate <u>"</u>	How long <u>Increasing the past 3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos C. Hattner M.D.</u>
	Address <u>Hyattsville Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annie McKeen*

Died at *Sutland* <sup>Town</sup> *Prine* <sup>County</sup> *Georgia*

**MARYLAND**

Date of death 190*8* <sup>Month</sup> *May* <sup>Day</sup> *24* <sup>Years</sup> *37* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Female* Color or Race *White* Birth-place *Prine Georgia*

Married, Single or Widowed *Married* Occupation *None*

Name of Wife or Husband *Henry M<sup>c</sup> Keen*

Father's Name *Hugh Morris* Father's Birthplace *Pa*

Mother's Maiden Name *Elizabeth Sanderson* Mother's Birthplace *Sc*

Name of person giving information *Henry M<sup>c</sup> Keen* How related to deceased *husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cervical Uterine Carcinoma* How long *12*

Immediate *Asphyxia* How long *6*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John E. Lowrey* *per BSC*

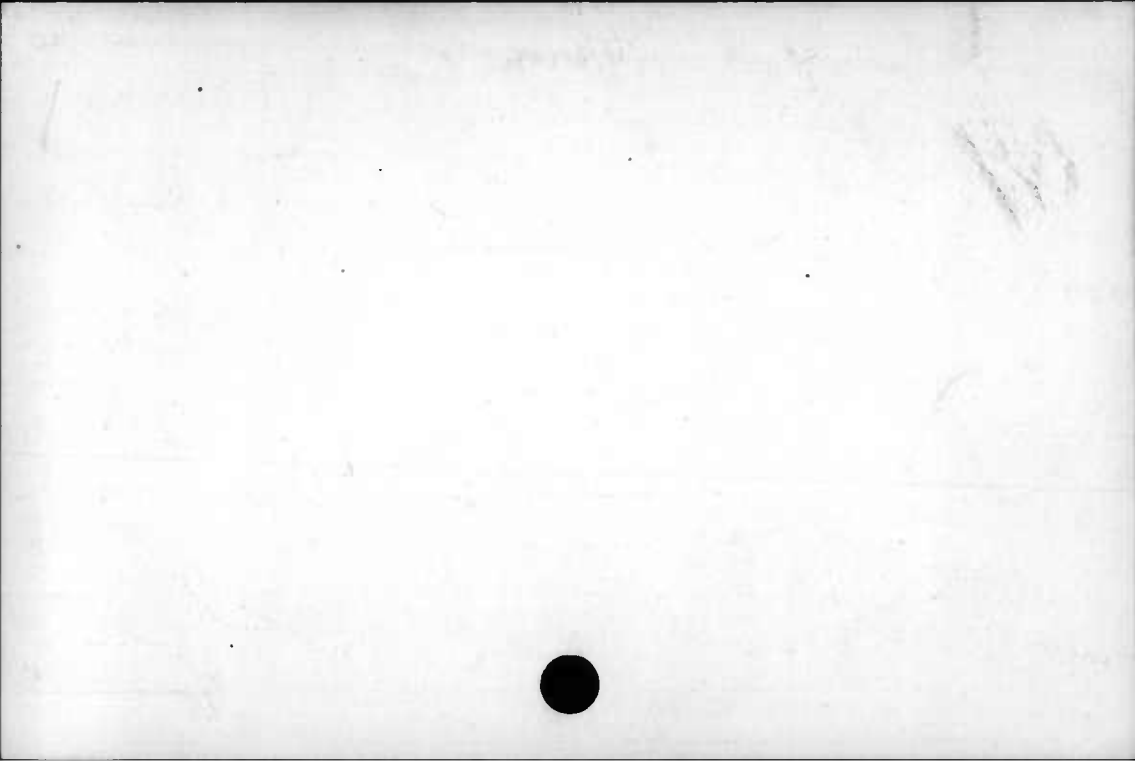
Address *Forrestville*

Accident or Suicide?



Name in Full		Richard T. Mackebue				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Laurel		County Pr. George		MARYLAND	
	Date of death	1908	Month 5	Day 14	Age 65	Years —	Months —
	Sex	Male		Color or Race	White		
	Occupation	Storekeeper		Birth-place	Washington		
	Where Residing if not at place of death	Laurel Md.					
	Married, Single or Widowed	Married		Name of Wife or Husband	Mrs. A. J. Mackebue		
	Father's Name	Otha Mackebue		Father's Birthplace	Ind.		
	Mother's Maiden Name	Miss Clark		Mother's Birthplace	Ind.		
Name of person giving information	J. W. Mackebue		How related to deceased	Daughter.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastroenteritis				How long	3 mo.
	Immediate	Paralysis				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. R. Hunter
	Address	Laurel				Ind.	
	Accident or Suicide?						

64



Name  
in  
Full

Julia Marshall.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near J. B.</i>		Town		County		PRINCE GEORGES		MARYLAND	
Date of death	1908	Month	May	Day	12 <sup>th</sup>	Age	Years	Months	14
Sex	female		Color or Race	Colored		Birth-place	near J. B. M <sup>d</sup>		
Occupation					Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			Dennis. Edward. Marshall,				Father's Birthplace		
Mother's Maiden Name			Harriet. D. Jackson,				Mother's Birthplace		
Name of person giving information			Dennis Edward. Marshall,				How related to deceased		
							father.		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	from birth.
Immediate	Exhaustion	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Acting Coroner, Wm. H. Squires.	
		Address	
		Brandywine.	
		Pr Geo. Co. M <sup>d</sup>	
Accident or Suicide?			





Name  
in  
Full

Sallie H. Marsteller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

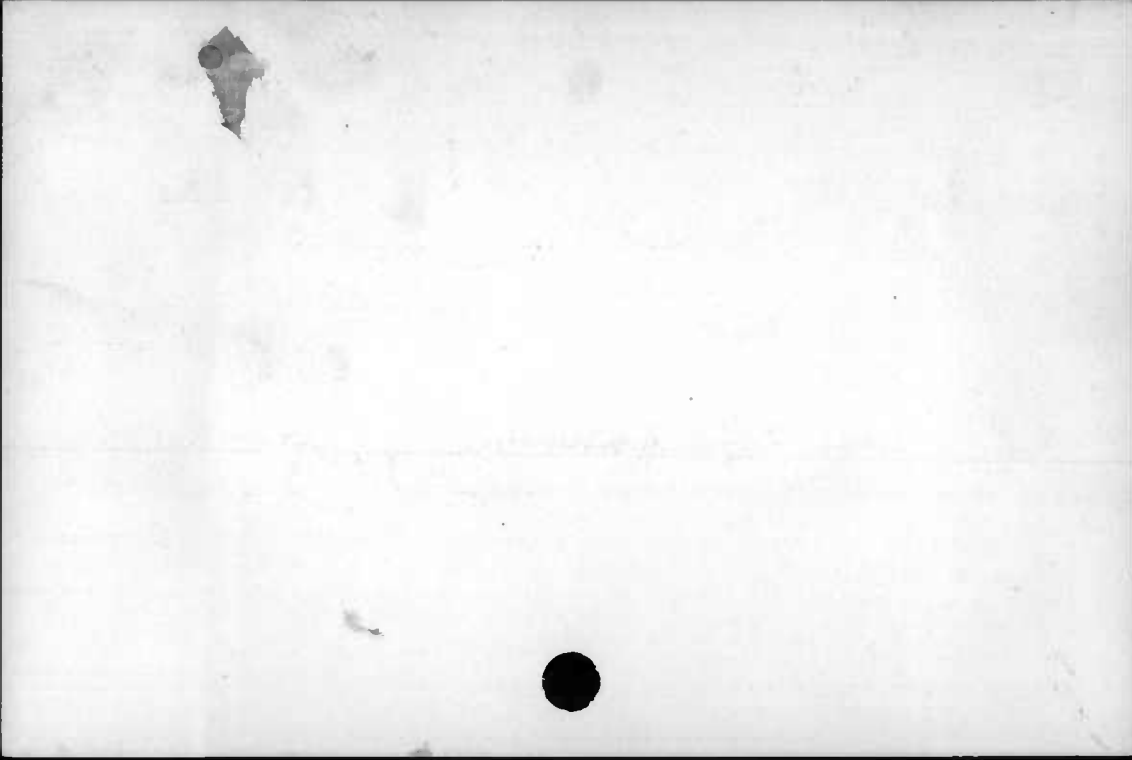
Died at <sup>Town</sup> <i>mt Rainier</i>		<sup>County</sup> <i>Prince Geo</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>8</i>	Age <i>39</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shepherdstown W. Va.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>J. A. J. Marsteller</i>			
Father's Name <i>Jacob G. Miller</i>			Father's Birthplace <i>Washington Co Md.</i>		
Mother's Maiden Name <i>Margaret Sigler</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Husband</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary <i>Pregnancy</i>	How long <i>8 mos</i>
Immediate <i>Acute Uræmia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. S. Boggs M.D.</i>
	Address <i>Mt Rainier Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Shilly Marshall*

Died at *Mt. Rainier* <sup>Town</sup> *Prince George's* <sup>County</sup> *MARYLAND*

Date of death *1908* <sup>Month</sup> *May* <sup>Day</sup> *9* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *1*

Sex *male* Color or Race *white* Birth-place *Mt. Rainier Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Jacob G. Miller* Father's Birthplace *Washington Co. Md*

Mother's Maiden Name *Margaret Sigler* Mother's Birthplace *" "*

Name of person giving information *Husband's Father* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Perinatal Birth* How long *—*

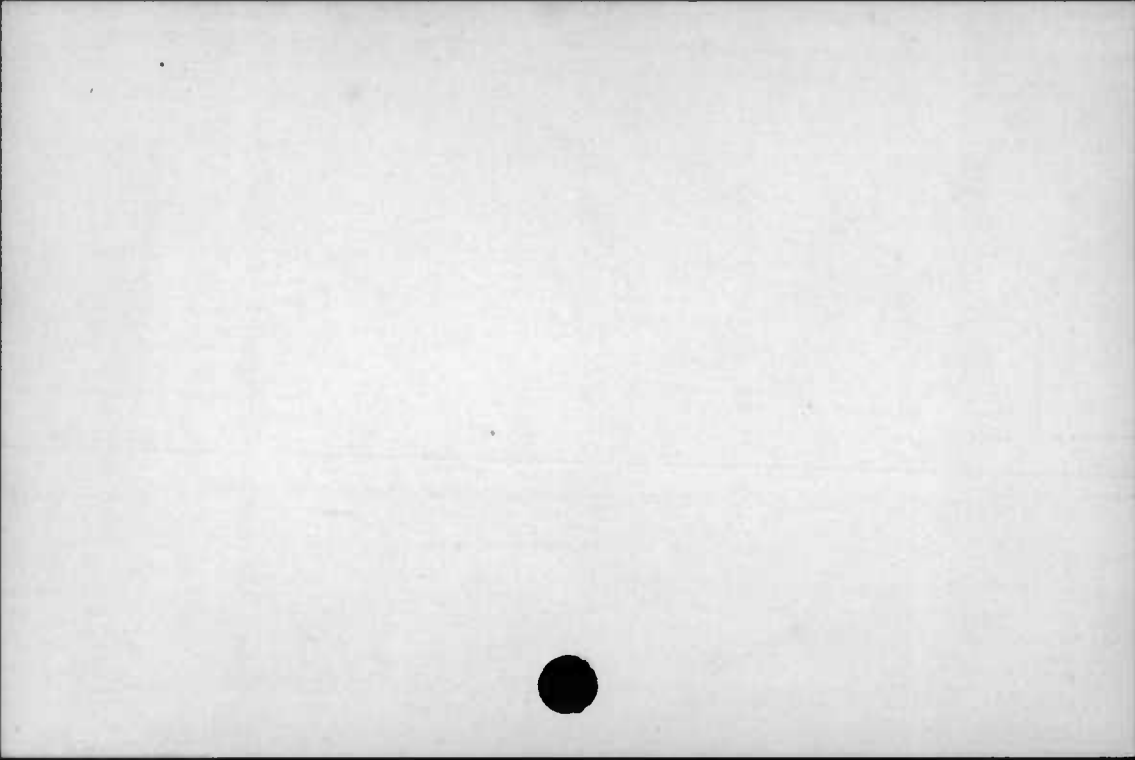
Immediate *asphyxia following forceps delivery* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. S. Bradburn M.D.*

Address *Mt Rainier Md.*

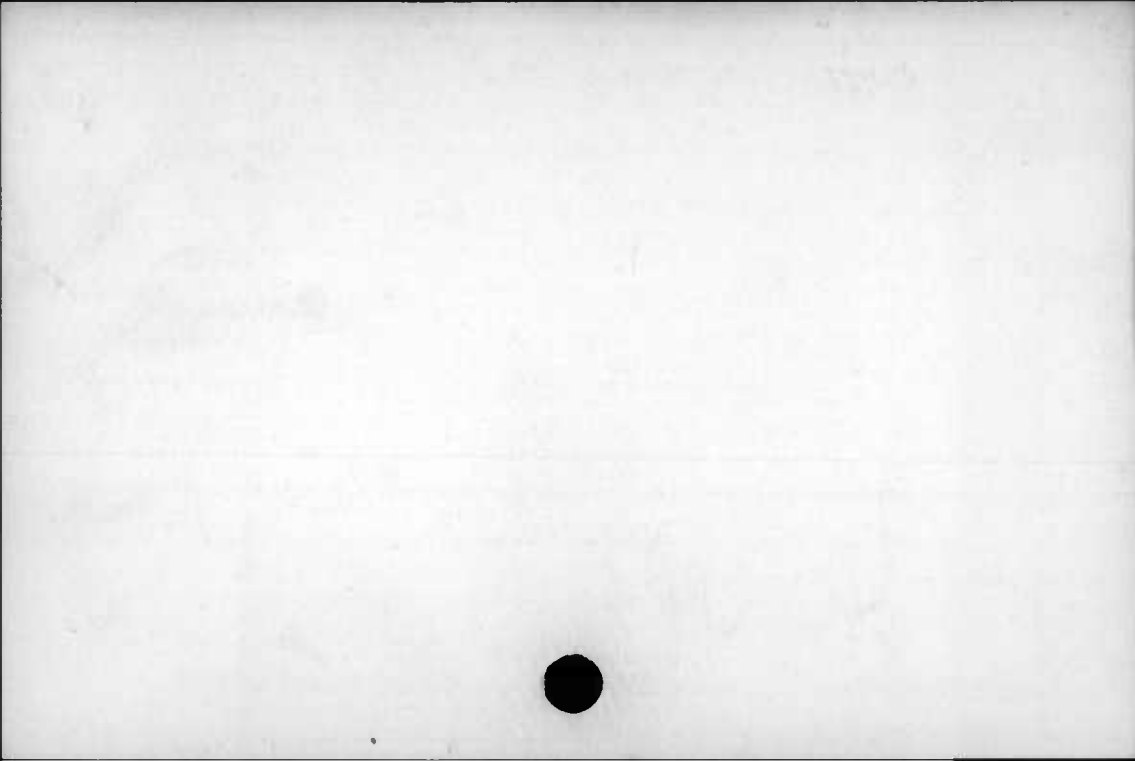
Accident or Suicide? *P. G. C.*



Name in Full		Certificate of Death			
Clarence J. Murphy Jr.		TOWN: Muirkirk COUNTY: Baltimore MARYLAND			
Died at		Date of death 1908 May 8 Age 2			
Sex: Male		Color or Race: White		Birthplace:	
Occupation: Child		Where Residing if not at place of death: Muirkirk			
Married, Single or Widowed: ~		Name of Wife or Husband: ~			
Father's Name: Clarence J. Murphy		Father's Birthplace: Muirkirk			
Mother's Maiden Name: Blanche E. Burton		Mother's Birthplace: Baltimore			
Name of person giving information: Frank R. Burton		How related to deceased: Uncle			
CAUSES OF DEATH					
Primary: Heart Failure		How long: 2 days			
Immediate:		How long:			
Are the name, age, sex, color, date and place correctly given above? 72		Signature of Physician: P. H. Ryerly			
		Address: Laurel Md			
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

daughter of Susan Oden, Widow.

CERTIFICATE OF DEATH

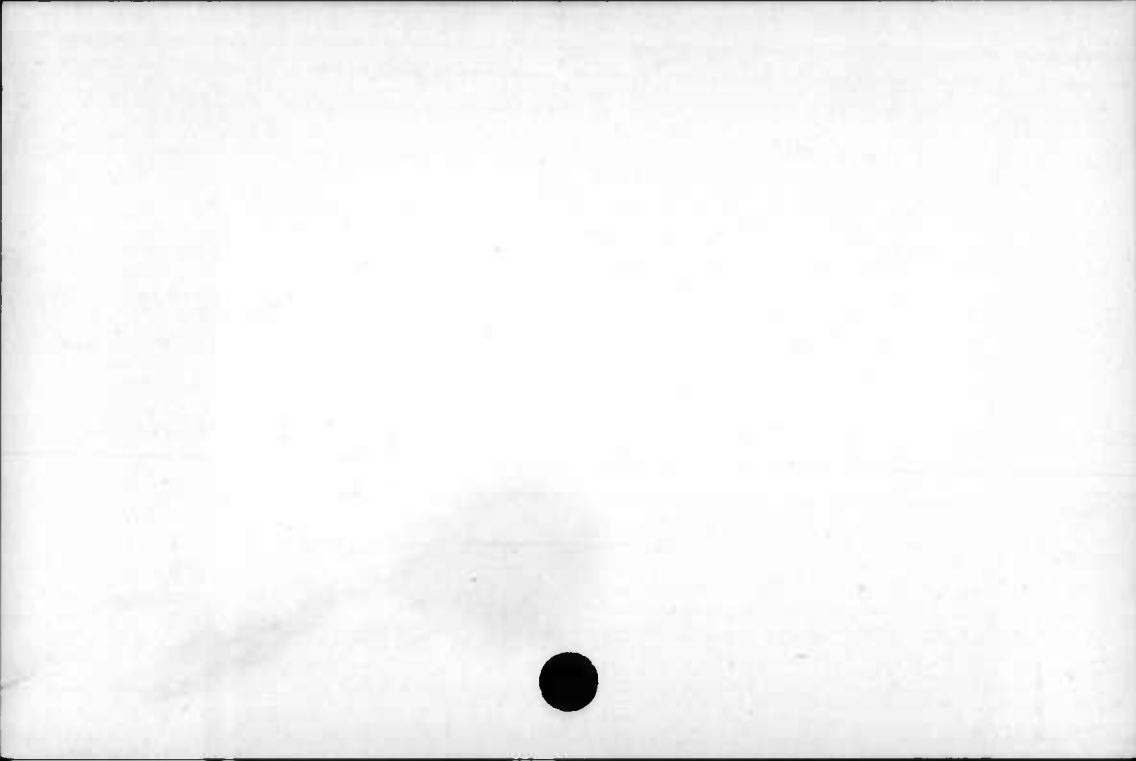
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Cheltenham</i>		Town <i>Prince Georges</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>4th</i>	Years <i>none</i>	Months	Days
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>near Cheltenham</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>not known, illegitimate</i>			Father's Birthplace		
Mother's Maiden Name <i>Susan Curtiss,</i>			Mother's Birthplace <i>Brandywine, Md.</i>		
Name of person giving information <i>Mary Booze.</i>			How related deceased <i>Aunt.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Born dead</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Acting Coroner, Wm. H. Squires.</i>
<i>Yes.</i>		Address <i>Brandywine, Pr. Geo. Co. Md.</i>
Accident or Suicide?		

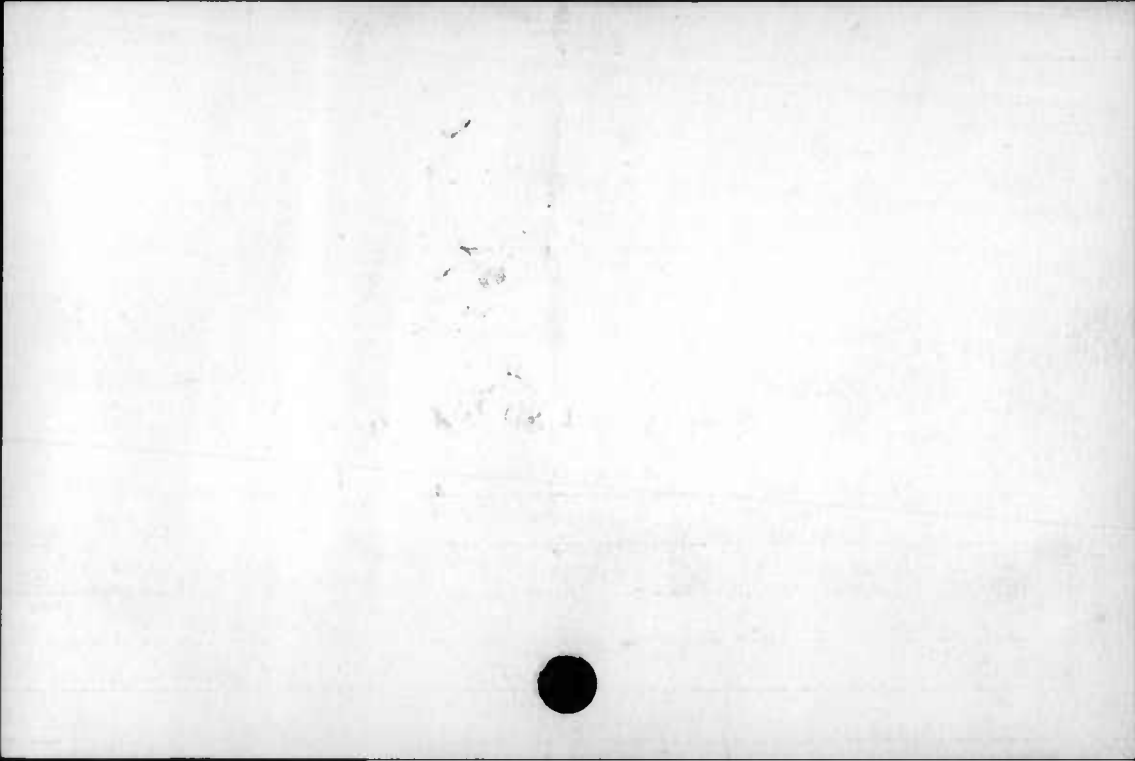




Name in Full		Certificate of Death			
Alice Payton		Died at <sup>Town</sup> East Hyattsville		<sup>County</sup> Prince George	
		Date of death 1908		Maryland	
		Month May		Days 8	
		Day 8		Age 54	
		Sex female		Color or Race white	
		Occupation none		Birth-place Wash D C	
		Where Residing if not at place of death			
		Married, Single or Widowed single		Name of Wife or Husband	
		Father's Name John B Payton		Father's Birthplace Baltimore Md	
		Mother's Maiden Name Mary Ireland		Mother's Birthplace Md	
		Name of person giving information Josephine P. Whitley		How related to deceased sister	
CAUSES OF DEATH					
156					
Primary					
Immediate					
Are the name, age, sex, color, date and place correctly given above? Yes					
Signature of Physician Augustus H Dahler					
Address Acting Coroner					
Bladensburg, Md					
Accident or Suicide? Suicide					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Sarah E. Penn.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

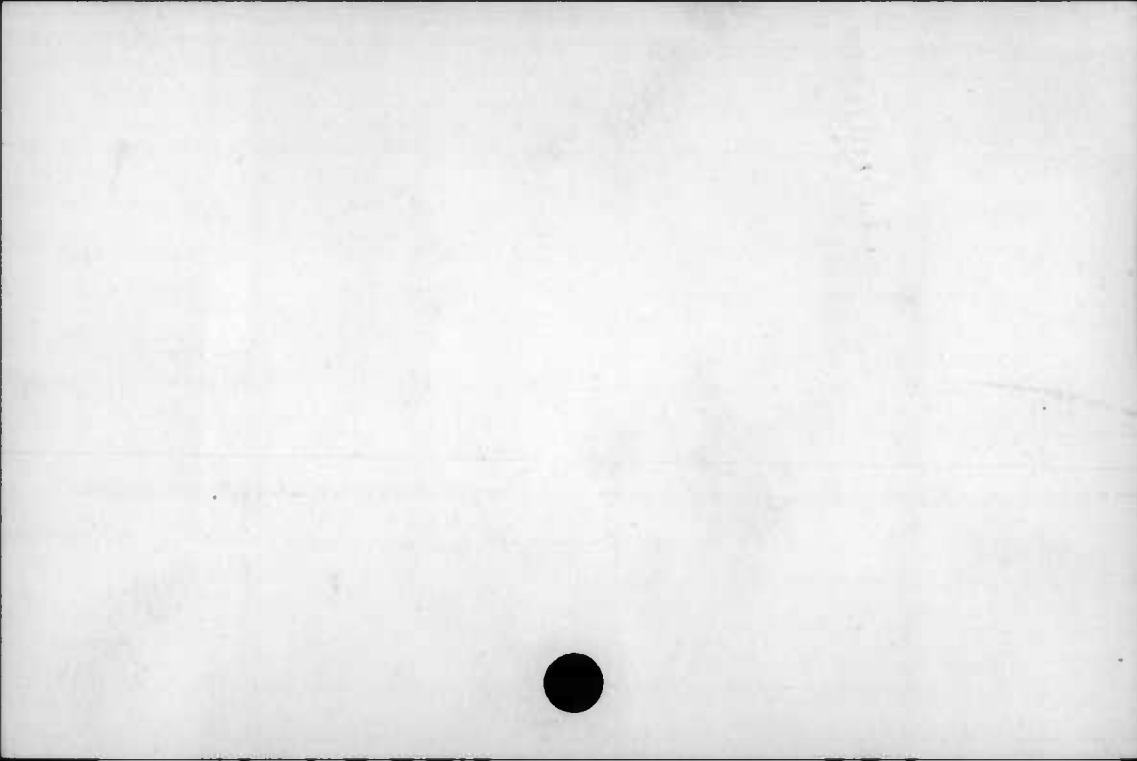
Died at		Town Laurel		County Pr. George		MARYLAND	
Date of death		1908	Month 5	Day 10	Age Years 54	Months	Days
Sex Female		Color or Race White		Birth- place			
Occupation H. Wife		Where Residing if not at place of death		Laurel Md			
Married, Single or Widowed		Married		Name of Wife or Husband		Henry Penn.	
Father's Name		Rodger E. Galvin		Father's Birthplace		Howard Co.	
Mother's Maiden Name		Elizabeth Galvin		Mother's Birthplace		Howard Co.	
Name of person giving Information		Daughter		How related to deceased		C.E. Penn.	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	6 Mos.
Immediate	Asphyxia	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J.R. Hunt.	
Address		Laurel Md	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

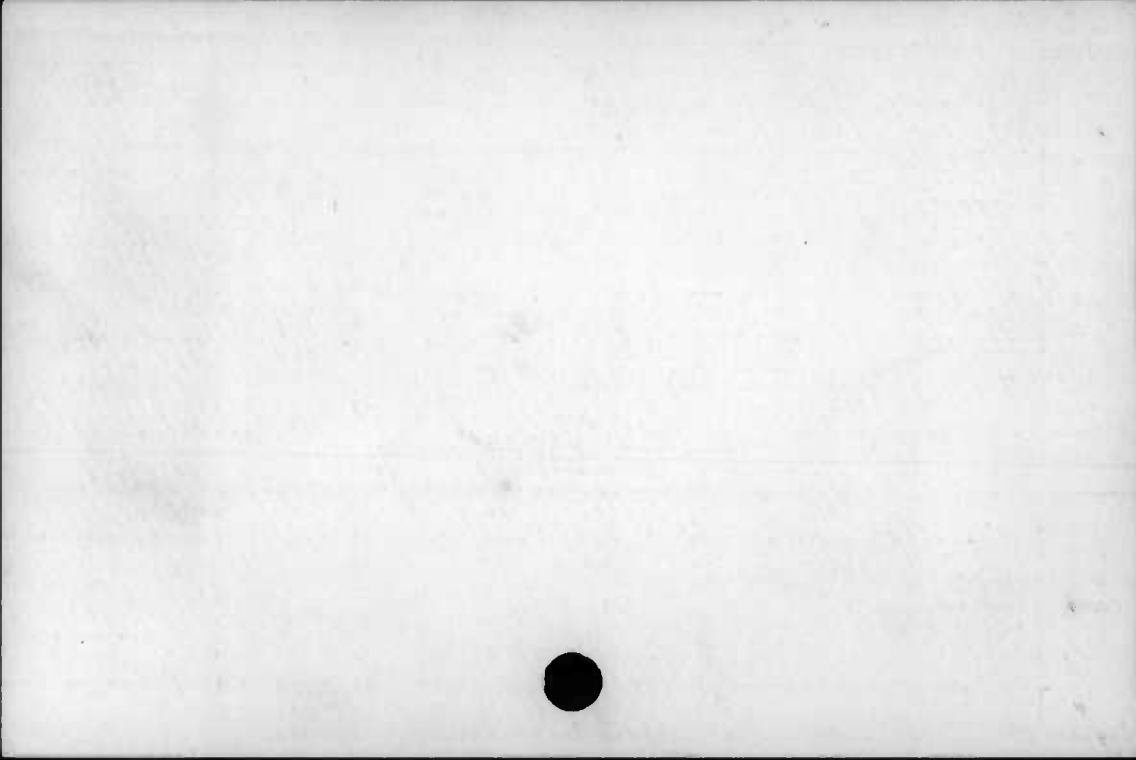
Name in Full <i>Mrs. Mary A. Sharswood.</i>		Town <i>Laurel</i>		County <i>B. Geo.</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>5</i>	Day <i>12</i>	Age Years <i>82</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Howard Co.</i>					
Occupation <i>—</i>		Where Residing if not at place of death <i>Laurel Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Batcher Baker</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Rebecca McKenzir</i>		Mother's Birthplace <i>Howard Co.</i>					
Name of person giving information <i>Mrs Robey</i>		How related to deceased <i>Not related</i>					

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Four years</i>
Immediate <i>Exhaust &amp; Vital power</i>	How long <i>3 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Cornmiller</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Robert Guy Shipley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

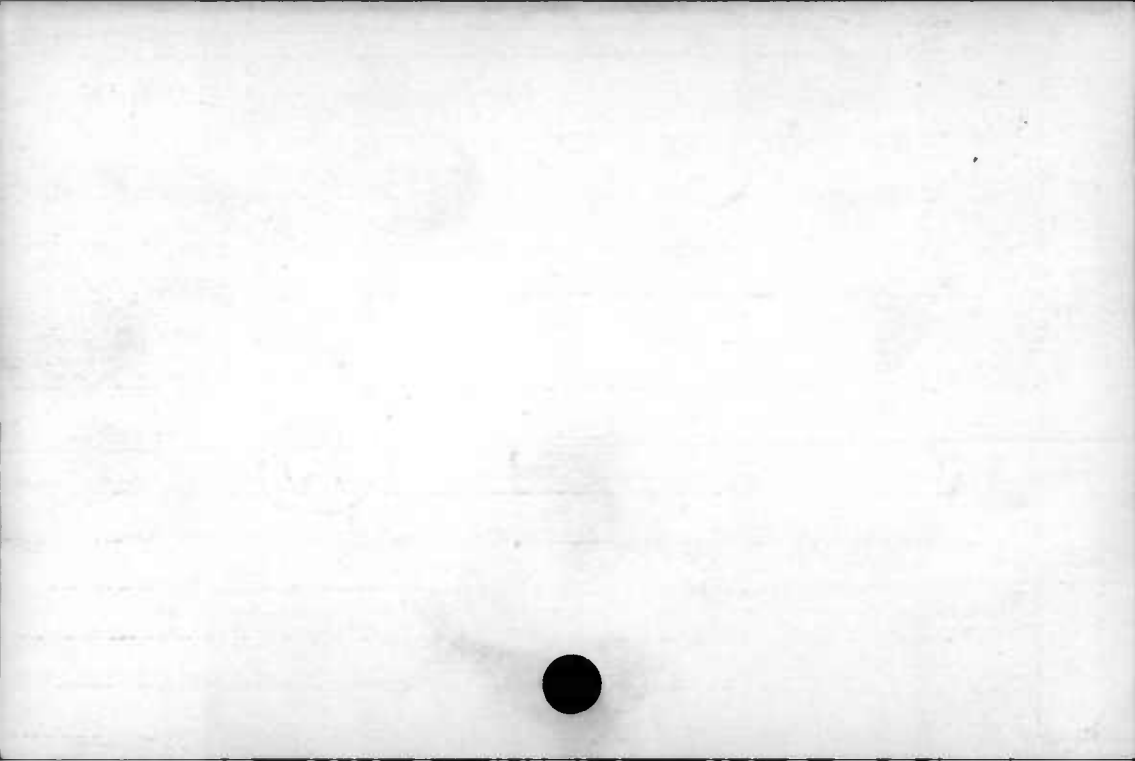
Died at <i>Daniels Park</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>19</i>	Years <i>22</i>	Months <i>4</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Plumber</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Maurice E. Shipley</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Ella E. Pywell</i>			Mother's Birthplace <i>oc.</i>		
Name of person giving information <i>M. E. Shipley</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

121

PHYSICIAN  
OR CORONER

Primary <i>Cyelo-Nephritis</i>	How long <i>2 1/2 years</i>
Immediate <i>Endocarditis</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. D. Eimmer</i>
	Address <i>Berwyn Ind</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

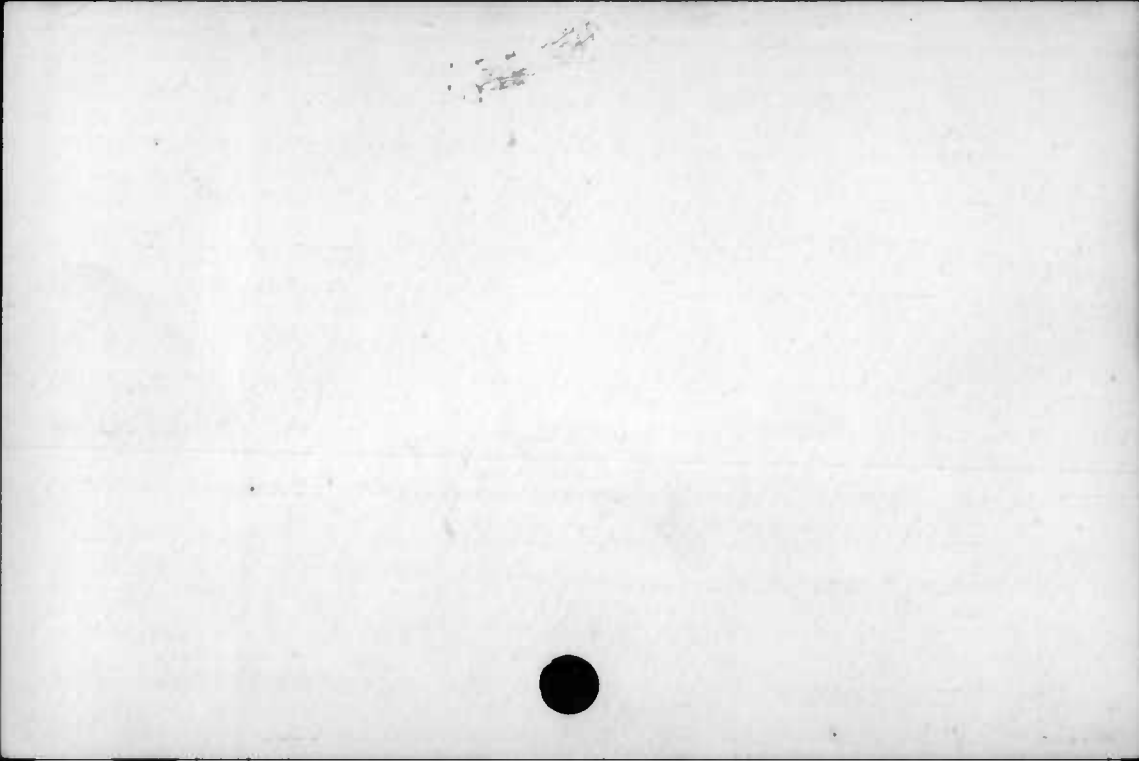
Died at <i>Wishwood</i> <sup>Town</sup>		<i>Pr. Geo</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>May</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	<i>65</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wishwood Md</i>			
Occupation <i>Gammer</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Skinner</i>				
Father's Name <i>John Skinner</i>	Father's Birthplace <i>Wishwood Md</i>				
Mother's Maiden Name <i>Maria Skinner</i>	Mother's Birthplace <i>Wishwood Md</i>				
Name of person giving information <i>Mrs Sheriff</i>	How related to deceased <i>Sister in Law</i>				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>5 yrs.</i>
Immediate <i>maemia</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Barton</i>
	Address <i>Aguasco Rd</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

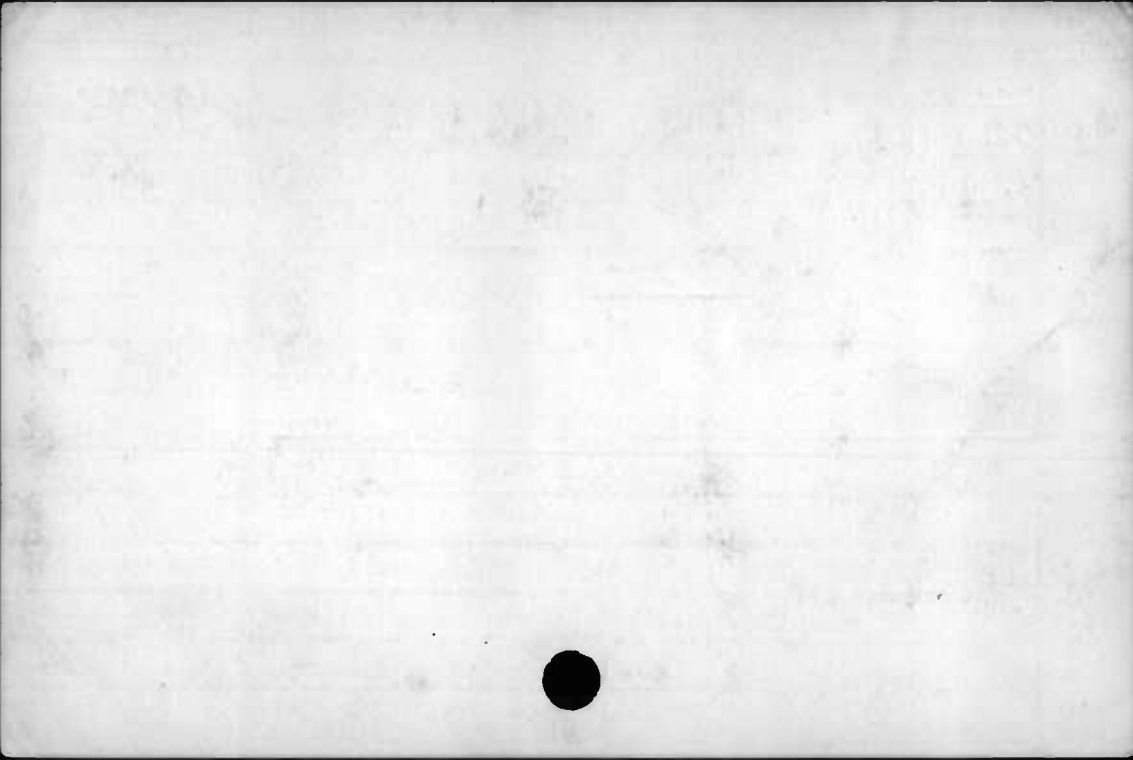
Name in Full <i>Mike Smith</i>		Town <i>Alms House</i>		County <i>Frostville P. Co.</i>		State <i>MARYLAND</i>	
Died at <i>Alms House</i>		Month <i>May</i>		Day <i>10<sup>th</sup></i>		Years <i>66</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sam Allen</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>2 mo.</i>	
Immediate <i>Heart Failure</i>		How long <i>1 wk.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John D. Sanbury M.D.</i>	
		Address <i>Frostville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Edward Tolson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	12	59			
Sex	male	Color or Race	white	Birth-place		Md.	
Occupation	Farmer & Magistrate			Where Residing if not at place of death		-	
Married, Single or Widowed	-			Name of Wife or Husband		-	
Father's Name	Henry Tolson			Father's Birthplace		Md.	
Mother's Maiden Name	Mary H. Middleton			Mother's Birthplace		Md.	
Name of person giving information	Julia Williams			How related to deceased		Sister	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	Indefinite
Immediate	cardiac weakness	How long	18 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson, M.D.	
Address		Rosecroft - Md.	
Accident or Suicide?			



Name  
in  
Full

Albert Levent. Walker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

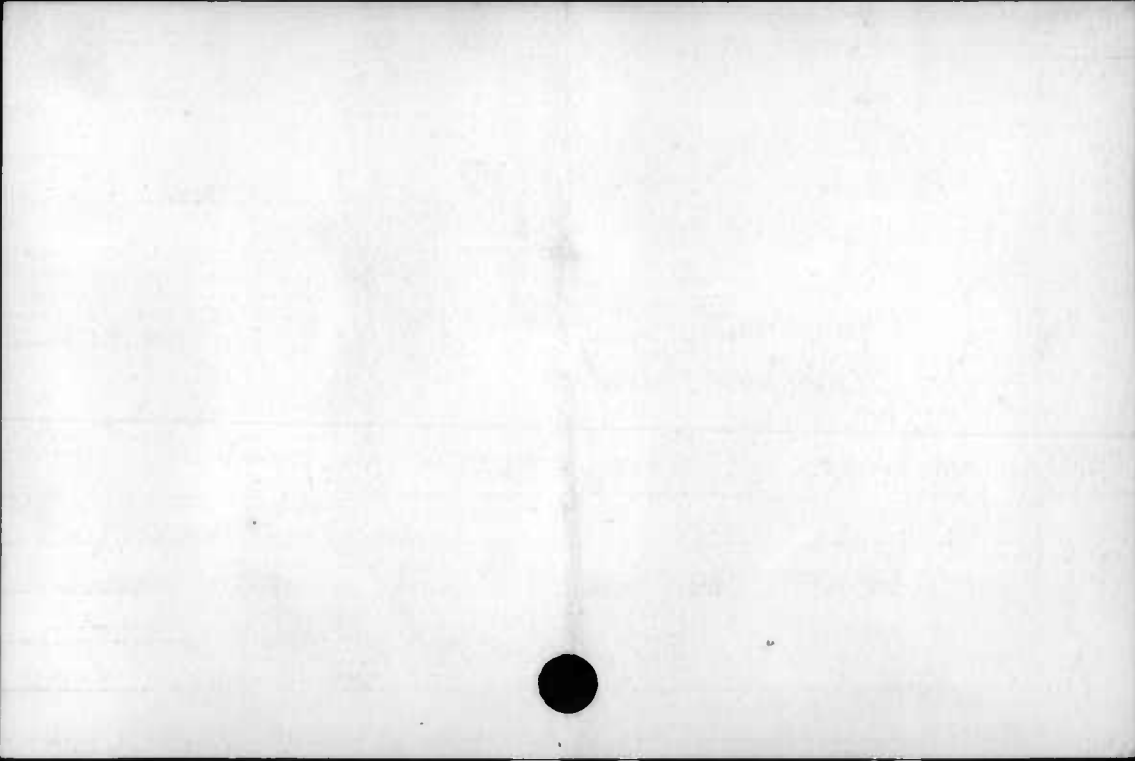
Died at <i>Hyattsville</i> <sup>Town</sup>		<i>Pr Geo</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>20</i>	Age <i>—</i> <sup>Years</sup>	Months <i>2</i> <sup>Days</sup> <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Wash. DC.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles E. Walker</i>			Father's Birthplace <i>Wash. DC.</i>		
Mother's Maiden Name <i>Mary H. Reed</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Thos. E.</i>			How related to deceased <i>Walter</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Morassump</i>	How long <i>weeks</i>
Immediate <i>Cardiac failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. E. Chatterton</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Edna Williams</b>		Town <b>Rosecroft</b>		County <b>Pr. Geo.</b>		MARYLAND	
Died at		Date of death		Age		Months	
		<b>1908</b>		<b>17</b>		<b>-</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Md.</b>		Days <b>-</b>	
Occupation <b>Housework</b>		Where Residing if not et place of death <b>Home</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>					
Father's Name <b>George Williams</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>H. Pratt-Prager</b>		Mother's Birthplace <b>Va</b>					
Name of person giving information <b>Peter Brown</b>		How related to deceased <b>Bro. in law</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhoid Fever</b>	How long <b>1 week</b>
Immediate <b>Cardiac weakness</b>	How long <b>3 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>E. P. Simpson</b>
	Address <b>Rosecroft Md.</b>
Accident or Suicide? <b>-</b>	

